

Reference: Chronic Disease Prevention and Health Promotion Programs

Dear Project Director:

This letter solicits your Interim Progress Report, which now serves as your non-competing continuation application for the Program Announcement 03022, Chronic Disease Prevention and Health Promotion, for the budget period June 30, 2005, through June 29, 2006. Approximate funding in the amounts reflected in attachment-1 is available for the Continuation awards:

Matching Funds Requirement

Matching funds are required from non-federal sources.

Matching funds may be cash, in-kind, or donated services, or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds.

All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit. Specific rules and regulations governing the matching fund requirement are included in the Code of Federal Regulations (CFR) 45 Part 92, subpart C, section 92.24, Matching funds are not subject to the 60/40 requirements.

Component 1 – State-Based Tobacco Prevention and Control Programs

1 to 4 MATCH – CASH, DIRECT, INDIRECT OR COMBINATION THEREOF:

The States, DC and U.S. Territories will provide one dollar from non-Federal sources for every four dollars of Federal funding. The match may be cash, direct, indirect or a combination thereof from State and/or public and private sources. (See Appendix A)

The matching requirement for the following U.S. Territories is waived:

AS, GU, MP, and VI

Component 1 - Supplemental– State-Based Tobacco Cessation Quitlines

Matching funds - are **not** required from non-Federal sources. However, Maintenance of Effort (MOE) for enhancement activities should be maintained at a level equal to or greater than what was reported in your initial application. Please indicate if you are requesting to be considered for continuation of **capacity building** or **enhancement funding**. If your state-based quitline has been established and your state would like to be considered for enhancement funding **instead of** capacity funding, please make that clear in your application. The funding range for **capacity building** awards is \$250,000 to \$300,000. The funding range for **enhancement** awards is \$150,000 to 350,000. A suggested range for each state/territory that does not meet the minimum population requirement (450,000 – 2001 census) is \$50,000 to \$100,000. (See Appendix B)

Component 1 – Competing Supplement – State-Based Tobacco Disparities

The States, DC and U.S. Territories will provide one dollar from non-Federal sources for every four dollars of Federal funding. The match may be cash, direct, indirect or a combination thereof from State and/or public and private sources. (See Appendix C)

The matching requirement for the following U.S. Territories is waived:

AS, GU, MP, and VI

Component 2 – Nutrition, Physical Activity and Obesity

Recipient financial participation is required for only Basic Implementation programs. If applying for Basic Implementation programs, matching funds are required from non-Federal sources in an amount not less than one dollar for each four dollars. The matching funds may be cash or its equivalent in-kind or donated services, fairly evaluated. The contribution may be made directly or through donations from public or private entities. Matching funds may not be met through: (1) the payment of treatment services or the donation of treatment, or direct patient education services; (2) services assisted or subsidized by the Federal Government; or (3) the indirect or overhead of an organization. Matching funds must be consistent with the work plan activities that are submitted and approved.

Component 3 – WISEWOMAN

Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502 (a) and (b) (1), (2), and (3) of the PHS Act, as amended, requires matching funds from non sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000.

Component 4 - State-Based Oral Disease Prevention

Applicants requesting funding for community water fluoridation equipment under Part 1, 10a, will be required to provide matching funds. Matching funds are required from State and/or local sources in an amount of not less than one dollar for each four dollars of Federal funds awarded for community water fluoridation equipment under this program announcement. Matching funds are required from State and/or local sources in an amount of not less than one dollar for each four dollars of Federal funds awarded for a Basic Implementation Program. Matching funds may be in cash or its equivalent, including donated or in-kind appropriate equipment, supplies, and or services. Do not include funds from other Federal sources including the Preventive Health and Health Services Block Grant.

Interim Progress Report:

Consistent with the Centers for Disease Control and Prevention's intent to streamline the grant and cooperative agreement application process, award recipients are required to submit an interim progress report. Your Interim Progress Report should include the following:

(Your application should be submitted as one application but should consist of each separate Specific Categorical Component).

Progress Toward Program Objectives: For each objective, provide a brief description of the current status, any barriers encountered, how the barriers were addressed. Include the reasons for any goals not met, and a discussion of any assistance needed to resolve the situation. As appropriate, briefly discuss the progress toward accomplishing funded activities for PA 03022 as well as progress toward meeting the standards as outlined by the progress indicators and/or performance measures, as appropriate. Refer to Program Announcement 03022:

- Comprehensive State-Based Tobacco Prevention and Control Programs, Sections E.1. and (See Appendix-A)
- State-Based Tobacco Cessation Quitlines – (See Appendix-B)
- State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases, Section E.2.
- Well Integrated Screening and Evaluation for Woman Across the Nation (WISEWOMAN), Section E.3.
- State-Based Oral Disease Prevention Programs, Section E.4.
- State-Based Arthritis Prevention and Control Programs, Section E.5 – (See Appendix-E)
- Behavior Risk Factor Surveillance Systems (BRFSS), Section E.6
- Genomics and Chronic Disease Prevention, as well as all amendments Section E.7

Component 6 – Behavioral Risk Factor Surveillance System

Progress Toward Program Objectives - The report should include examples of how BRFSS state data and SMART BRFSS data has been used for directing program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, shaping legislation, addressing emerging Public Health issues, and targeting relevant population groups.

Current Budget Period Financial Progress: Provide an estimate of the overall obligations for the current budget period. Estimated unobligated funds should be reported separately by Component on separate 424A forms. Refer to Program

announcement 03022, Section I. 2 (Other Requirements). State-Based Tobacco Prevention and Control Programs should also include a list of all sources of tobacco control funding allocated to your agency by name and amount on the Standard Form 424A.

If you anticipate unobligated funds for the current budget period, provide detailed actions to be taken to obligate these funds. If these funds will not be obligated, and they are still required to support the program, request that they be carried over. **A separate detailed line item budget and budget justification should be submitted for each component with the carryover of funding request.**

If you anticipate insufficient funds, provide detailed justification of the shortfall; list the actions taken to bring the obligations in line with the authorized funding level, or request supplemental funds.

Proposed Program Objectives and Activities: List proposed objectives for the upcoming budget period for each component. These proposed objectives must support the intent of the original program announcement. (If CDC programmatic priorities have changed, you will receive a letter containing guidance on the new priorities.) Each objective must contain a performance or outcome measure that assesses the effectiveness of the project. For each objective, list activities that will be implemented. Provide a time line for accomplishment. Identify and justify any redirection of activities. Explain the methods you will use to implement new, redirected activities.

Detailed Line-Item Budget and Justification: Provide a detailed, line-item budget (include Form 424A) and justification of the funding amount requested for each component to support program activities for the upcoming budget period. It is requested that grantees submit a budget that is reflective of a 12-month budget period.

Commit a minimum of 10 percent of award to Surveillance and Evaluation efforts. Surveillance and Evaluation resources may be used for consultants; staff, survey design and implementation, data analysis or other expenses.

Budget information for travel for each component is listed below:

Component 1 – State-Based Tobacco Prevention and Control Programs

- 1). CDC sponsored training meetings
 - a. Surveillance and Evaluation 3 staff to Atlanta, GA. February, 2006
 - b. Media Training 1 staff to Atlanta, GA. February, 2006
- 2). CDC sponsored training meetings
 - a. Program Managers Meeting 3 staff to Atlanta, GA. October, 2005
 - b. Cessation Training 2 staff to Atlanta, GA. March , 2006

Component 2 - State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases

At minimum, states should include travel to the following CDC sponsored mandatory training meetings:

Program annual meeting (Obesity and primary prevention of diabetes)	3 staff to Portland, OR	May 2006
Evaluation Training	3 staff to Atlanta, GA.	TBA
1 week Obesity Training	1 staff to Raleigh, NC	August/Sept. 2005

Component 3 – WISEWOMAN

At minimum, funded projects should include travel to the following CDC sponsored mandatory meetings:

a. Annual WISEWOMAN Meeting:

Three staff members (to include the FT Project Coordinator, Director and Health Educator/Interventionist) to attend one mandatory WISEWOMAN meeting. For budget purposes use Atlanta for the meeting destination.

b. WISEWOMAN Working Group Meeting for Data Managers:

Two staff to attend mandatory data managers' meeting. Place and time to be determined. For budget purposes use Atlanta for the meeting destination.

c. Mandatory Training Courses:

One staff member (Program Coordinator, Director, Health Educator or designee) to attend the WISEWOMAN mandatory Nutrition and Public Health Course and the WISEWOMAN Center of Excellence Training and Translation Course to be held in Chapel Hill, NC. If all key WISEWOMAN staff members have previously completed the Nutrition and Public Health Course, then funds may be used to send one staff member to one of the following CDC-sponsored courses: Physical Activity and Public Health Course (location: Sea Pines, SC) or CDC Five-A-Day Meeting (Atlanta).

d. Optional Training Courses:

Up to three (3) staff persons may participate in a maximum of three (3) professional meetings relevant to the WISEWOMAN program.

Component 4 - State-Based Oral Disease Prevention

1). CDC sponsored training meetings

- a. Technical Assistance Workshop: 2 staff to Atlanta, GA, September, 2005
- b. Technical Assistance Workshop: 2 staff to Washington, DC, February, 2006

2). 2006 National Oral Health Conference: 2 staff to Little Rock, AR, April, 2006

Component 5 – State-Based Arthritis Prevention and Control Programs

1) Arthritis Grantee Conference 1-2 staff to Atlanta, GA. February, 2006

Component 7 – Genomics

1) Training/meeting

2 staff to Atlanta, GA February, 2006

Specific budget contract information for each component is listed below. The following information must be submitted for all newly requested contracts:

- (1) Name(s) of contractor(s)
- (2) Method of Selection (competitive or sole source, less than full and open competition must be justified)
- (3) Period of performance
- (4) Description of activities
- (5) Method of Accountability
- (6) Itemized budget with narrative justification

Attached for your use and assistance are Standard Form 424A and Guidelines for Budget Preparation.

Additional Requested Information:

Indirect Cost Rate Agreement: Please include your most recent indirect cost rate agreement in your application.

Component 2 – Nutrition, Physical Activity and Obesity

The interim progress report will also be used as evidence of a program's readiness to move from level to the next higher level based on attainment of goals and objectives when funding is available. Applicants wishing to compete for the next funding level should submit in addition to the application items above:

- Evidence of meeting their Capacity Building Program Performance Measures
- Proposed Program Objectives and Activities (i.e., work plan for the requested new program level (e.g., Basic Implementation Program level)
- Detailed Line-Item budget and Justification for the requested higher level of funding.

See Appendix C for Additional Information regarding Component 2.

Component 3 – WISEWOMAN

The interim progress report should include the following elements in addition to the required report elements (Progress Toward Program Objectives, Financial Progress, Proposed Program Objectives and Activities, Detailed Line-Item Budget and Justification) outlined above:

- a. **Annual Work Plan:** The annual work plan should include proposed project objectives and activities that support the goals of the WISEWOMAN program and ensure that performance indicator standards are met. SMART (Specific,

Measurable, Achievable, Relevant, Time Based) Objectives should be written to meet goals. The template to be used for creating the Work Plan may be found at <http://wisewoman.forum.cdc.gov>

- b. Evaluation Plan:** The evaluation plan is to include clearly stated evaluation objectives with a timeline for the collection of data throughout the project period. Link evaluation objectives to data collected for MDEs and/or other data sources that are collected by the program. Indicate how program activities may increase, decrease or maintain these values. At least one key objective or activity per goal should be monitored and evaluated to determine quality, success, and/or effectiveness. The template to be used for creating the Evaluation Plan may be found at <http://wisewoman.forum.cdc.gov>
- c. Training Plan:** The project is required to provide an annual Training Plan for staff members, contractors, and volunteers with a focus on meeting the program's performance and reporting requirements. The Training Plan should include Training Topics, Training Objectives, Training Participants, and Training Schedule.
- d. CPT Codes:** The report should include a complete and current list of WISEWOMAN CPT Codes and allowable reimbursement rates. The schedule of fees/charges should not exceed the maximum allowable charges established by the Medicare Program administered by the Center for Medicare and Medicaid Services.

Program Materials Development and Distribution

Component 3 – WISEWOMAN

CDC retains an unrestricted right to use, reproduce, adapt and disseminate products for its own purposes that may be developed using WISEWOMAN federal funds by **WISEWOMAN** cooperative agreement recipients, contractors, subcontractors, vendors, or consultants. These products may include, but are not limited to, the following: program curriculum, program participant materials, graphic designs, educational and other informational materials, fact sheets, newsletter templates, manuals, etc. *[See DHHS grants regulation at 45CFR Section 74.36]*

Please reference your cooperative agreement number on all correspondence

Both the Principal Investigator and Business Office Official must sign the Interim Progress Report. CDC must receive the Interim Progress Report no later than February 25, 2006. Submit the original report and two copies to:

Centers for Disease Control and Prevention (CDC)

Acquisition and Assistance Branch B
Procurement and Grants Office
Attn: Lucy Picciolo
2920 Brandywine Road, Room 3000
Mail Stop E-18
Atlanta, GA 30341

You must submit your report on time, as late or incomplete applications may result in a delay in the award and/or reduction in funds. CDC will only accept requests for a deadline extension on rare occasions, after you have provided adequate justification.

PGO and Program will review the interim progress report for completeness. PGO will provide an analysis of the financial/business documentation, and program will provide an analysis of the technical/programmatic documentation. Based on the analysis of all documentation, past financial history, satisfactory progress toward reaching established performance measures through goals and objectives, the availability of funds, and the best interest of the government, PGO and Program will decide jointly whether to award the continuation. CDC may withhold an award due to delinquent reports, failure to show satisfactory progress, inadequate stewardship of federal funds, or failure to meet the terms and conditions of the award. PGO and Program officials will sign a memo documenting the analysis and recommendation. This memo will be part of the official grant file.

The recipient is reminded that Annual Financial Status and Progress Reports are due 90 days after the end of the budget period. Final Financial Status and Progress Report are due 90 days after the end of the project period. All recipients are requested to include an attachment for each component.

Any programmatic questions regarding the submissions of your application should be directed to your Project Office.

Should you have any grants management questions, including questions related to your budget, please contact Lucy Picciolo, Grants Management Specialist, at (770) 488-2863, fax number (770) 488-2777, or e-mail address lip6@cdc.gov.

Sincerely,

Lucy Picciolo
Acting, Grants Management Officer
Acquisition and Assistance Branch B
Procurement and Grants Office

APPENDIX A
ADDITIONAL INFORMATION FOR TOBACCO GRANTEES REGARDING
Component 1
STATE-BASED TOBACCO PREVENTION AND CONTROL PROGRAMS

MAJOR ACCOMPLISHMENTS

- Describe 5 to 10 of your program’s most significant accomplishments during the last six months.

PROGRESS ON PERFORMANCE MEASURES

PROGRAM MANAGEMENT — STAFF PROFILES

- Describe major staffing changes, including new hires and changes in roles and primary responsibilities. For each new hire, provide the name, program role, and qualifications.
- Describe progress toward enhancing the skills and knowledge of state program staff.

PROGRAM MANAGEMENT — GENERAL

- Describe relationship with and involvement of the state health officer in tobacco control issues.
- Briefly describe any components of your program that are not funded by CDC but are managed or administered by CDC-funded staff.
- Describe progress toward ensuring inclusivity in planning, implementing, and evaluating all program goals, objectives and strategies.

STRATEGIC PLANNING

- Describe progress towards developing, implementing and updating the 5-year strategic plan to include the participation of diverse partners, and the integration of other appropriate State Health Department chronic disease and health promotion strategic plans.

SURVEILLANCE AND EVALUATION

- Describe progress toward tracking, monitoring, and reporting the health and economic burden of tobacco use, including tobacco-related disparities.
- Describe progress toward developing and implementing your program evaluation plan and how diverse stakeholders are involved. Describe evaluation report content and dissemination.

COLLABORATION WITH PARTNERS

- Describe progress toward maintaining and strengthening statewide and local partnerships and coalitions including diverse partners and coalitions.

LOCAL GRANTS PROGRAM

- Describe progress made by local grantees and coalitions toward implementing evidence-based policy interventions that support the state program objectives.

TRAINING

- Describe efforts to identify and address training needs of state and local health department staff, coalitions, contractors, and partners.

TECHNICAL ASSISTANCE

- Describe efforts to identify and address technical assistance needs of state and local health department staff, coalitions, contractors, and partners.

COMMUNICATION AND INFORMATION EXCHANGE

- Describe progress toward developing and implementing your stakeholder communication plan. Describe media strategies at the state and local level, including paid and earned media and media advocacy strategies.
- Describe participation in and benefits gained from information exchanges with local grantees, CDC/OSH, tobacco control program personnel in other states, and national partners.

PREVENT INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE

- Describe progress toward developing and implementing science-based, policy-focused strategies to prevent tobacco use among young people and strategies to eliminate tobacco-related disparities.

ELIMINATE EXPOSURE TO SECONDHAND SMOKE

- Describe progress toward developing and implementing science-based, policy-focused strategies to reduce exposure to secondhand smoke and strategies to eliminate tobacco-related disparities.

PROMOTE CESSATION AMONG ADULTS AND YOUTH

- Describe progress toward developing and implementing science-based, policy-focused strategies to promote cessation among adults and youth and strategies to eliminate tobacco-related disparities.

IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES AMONG SPECIFIC POPULATION GROUPS

- Describe progress towards using qualitative and quantitative data to identify tobacco-related disparities for each NTCP goal.
- Describe efforts to ensure diversity and inclusivity in identifying, prioritizing, and selecting each priority population and developing strategies for each NTCP goal.

BARRIERS AND UNMET NEEDS

- Describe barriers, unmet needs and plans to address them for Infrastructure areas and NTCP Goals.

(Optional) Please indicate any specific requests you may have of the Office on Smoking and Health for guidance and technical assistance over the next six to twelve months.

EXECUTIVE SUMMARY

Please use this section to provide the following:

- a brief narrative summarizing plans to address the Program Goals for the next year, indicating major areas of future program focus. (Text limit: 1250 characters)

PROGRAM NARRATIVE

Please use this section to provide the following:

- describe changes, within the past year, in the social, political, and/or fiscal environment in which your state's program is planned, implemented, and evaluated. Include any relevant factors you expect to influence, promote, or inhibit program planning, implementation and/or evaluation. (Text limit: 7,500 characters)

ANNUAL PLAN

Provide an annual plan that includes the following:

- For each NTCP Goal, indicate SMART output objectives that are linked to short-term, intermediate and long-term outcome objectives and the key activities that will lead to the attainment of each output objective. For each activity, please indicate the target population, target completion date, component area (policy development and implementation, community programs, strategic use of media, and surveillance and evaluation), and the person/organization assuming the lead role on the activity.
- For each NTCP Infrastructure Area, include SMART objectives; an indicator; baseline and target measurements, and data that will be collected to show progress toward the objective; target population, if appropriate.

APPENDIX B

Additional Information for Grantees Regarding State-Based Tobacco Cessation Quitlines

Component 1

STATE-BASED TOBACCO PREVENTION AND CONTROL PROGRAMS

MAJOR ACCOMPLISHMENTS:

- Describe 2 to 3 of your program's most significant accomplishments during the past six month period.
- Provide information for capacity if you received capacity funding or enhancement if you received enhancement funding, **but not both**.

Capacity Building:

- Provide details regarding where your program is with respect to releasing a Request for Proposal and/or signing a contract for the quitline vendor/service provider.
- Describe your progress on developing a consortium of key stakeholders who are working to garner future non-federal financial support for the quitline. List consortium members.
- Describe the vendor's/contractor's efforts to train and monitor quitline staff and how quality of services will be measured.
- If a quitline existed before October 2004, describe how CDC funds were used to expand the services.

If the Quitline is Operational:

- Describe any promotional efforts.
- Describe the number and percentage of **callers** who called the quitline in the last 6 months. If possible, describe number and percentage of callers by race/ethnicity, gender, age, education level, Medicaid coverage, private insurance, and uninsured.
- Overall, what number and percentage of tobacco users (smokers and spit tobacco users) in the state called the quitline during this time period?

- Describe the number/percentage of **callers receiving quitline counseling** in the last six months. If possible, describe number/percentage by race/ethnicity, gender, age, education level, Medicaid coverage, private insurance, uninsured.
- Overall, what percentage of tobacco users in the state received quitline counseling during this time period?
- Have you conducted a caller satisfaction survey? If so, describe the methodology and results.

Enhancement:

Do you have a proactive or reactive quitline?

- Have you converted to a proactive quitline in the last 6 months?
- Describe if and how your quitline has been expanded to serve more users. (e.g. expanded hours of operation, more counselors).
- Describe promotion efforts and how funds are being used to increase awareness and expand use of services.
- Have you added additional languages? Which ones?
- Describe outreach to populations experiencing disparities.
- Are you partnering and /or collaborating with other Chronic Disease and Health Promotion programs to promote the state quitline? If so, please provide a brief description of these efforts.
- Describe if and how pro-active quitlines are promoted through Health Care systems.
- Describe progress on developing a consortium of key stakeholders who are working to garner future non-federal financial support for the quitline. List consortium members. List identified financial supporters.
- Describe evaluation efforts. Include the following:
 - a) Describe the number and percentage of **callers** to the quitline in the last 6 months. If possible, describe number/percentage of callers by race/ethnicity, gender, age, education level, Medicaid coverage, private insurance, and uninsured.

- b) Overall, what number and percentage of tobacco users in the state called the quitline over this time period?
- c) Describe the number and percentage of **callers receiving quitline counseling** in the last 6 months. If possible, describe number/percentage by race/ethnicity, gender, age, education level, Medicaid coverage, private insurance, uninsured. What was the number in the previous 6 month period?
- d) Overall, what number and percentage of tobacco users in the state received quitline counseling during this time period? What was the number in the previous 6 month period?
- e) Have you conducted a caller satisfaction survey? Is so, describe methodology and results.

Implementation Plan and Schedule

- Describe your progress in implementing your proposed objectives/activities for the past 6 months.

Project Management

- Describe major staffing changes, including new hires and changes in roles and primary responsibilities. For each new hire, provide the name, program role, and competencies.

Surveillance and Evaluation

- If your state **does not** have an operational quitline, explain why not and describe how and what data you will collect to monitor and evaluate efforts to establish a quitline.
- If your state **has** an existing quitline describe current surveillance and evaluation activities, type of data collected and results.
- If you **have** an existing quitline, describe the types of reports generated and how they are disseminated to local public health agencies and partners. Describe how these reports are used to support your State's and local public health strategic plan.

Describe any major barriers to accomplishing your stated goals and objectives and what you have done to overcome them.

Appendix C

**Additional Information for Grantees Regarding Supplemental Funding for Competitive
“Identification and Elimination of Tobacco-Related Disparities ”**

Component 1

STATE-BASED TOBACCO PREVENTION AND CONTROL PROGRAMS

Billing Code 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03022]

Chronic Disease Prevention and Health Promotion Programs
Tobacco Component

Notice of Availability of Supplemental Funds
Competitive “Identification and Elimination of Tobacco-Related Disparities ”

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2005 funds for competitive supplemental tobacco control awards for the Identification and Elimination of Tobacco-Related Disparities. These funds are in addition to awards from the CDC’s Comprehensive State-Based Tobacco Use Prevention and Control Programs (Program Announcement 03022).

The purpose of these awards is to provide financial and programmatic assistance to strengthen the abilities of both States and Territories to address Goal Four of the National Tobacco Control Program (“Identify and Eliminate Tobacco-Related Disparities”). This

same goal is closely aligned with the two primary goals of “Healthy People 2010”: 1) to increase quality and years of healthy life; and 2) to eliminate health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation. As evidenced by the 1998 Surgeon General’s Report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*, the CDC is committed to addressing the complex factors that play a part in the growing epidemic of diseases caused by tobacco use in specific populations.

Tobacco use and its related health effects have tremendous impact on specific population groups, i.e. those with higher tobacco use prevalence rates, increased burden from tobacco related death and disease, and inadequate access to prevention and cessation interventions. Statewide tobacco control programs have experienced major challenges in addressing disparities within these specific populations. These challenges may include lack of capacity and infrastructure, resources; inadequate understanding of the complexities of identifying and eliminating disparities; and/or lack of guidance and technical assistance on effective approaches to address disparities.

This supplemental funding will be utilized by States and Territories for a strategic planning and implementation process that will result in a comprehensive strategy to address tobacco-related disparities. Each successful grantee will have a project team that includes a project coordinator, strategic planning facilitator, data analyst/epidemiologist, and evaluator. Early in the planning process each team will convene a statewide planning

workgroup comprised of stakeholders from diverse population groups. During the project period, the project teams will take the planning workgroup through steps that will result in the development of a strategic and implementation plan. The project teams will receive technical assistance in the form of training workshops, teleconferences, and individualized mentoring. Topics covered during the project period will include, but are not restricted to, the following: 1) collecting and assessing data (both quantitative and qualitative) for specific population groups; 2) planning collaboratively with key stakeholders from diverse populations to identify critical issues related to disparities; 3) develop a strategic plan including an evaluation component; 4) develop an action plan based on the strategic plan; 5) strategies for marketing and implementing the plan for long term success.

B. Eligible Applicants

Only applicants currently funded under Program Announcement 03022 are eligible to apply for this competitive supplemental award with the exception of programs that participated in the Disparities Pilot training in 2002; (AR, ID, IN, IA, ME, MI, MN, NE, NC, OR, UT, WA, WI, VI.) It is expected that all applicants responding to the RFA will receive monies in future fiscal years, based on available funding and a satisfactory application.

C. Availability of Funds

Approximately \$700,000 is available in FY 2005 to fund approximately twelve supplemental awards. The average award will range from \$60,000 to \$70,000 for one-time only supplemental funding. It is expected that the awards will begin on June 30, 2005 for a 12-month budget/project period. Funding estimates may vary and are subject to change.

Recipient Financial Participation

All States and Territories will provide one dollar from non-Federal sources for every four dollars of Federal funding. The Match may be cash, in-kind, or a combination from State and/or public and private sources.

Please list sources of funding or awards (by name and amount) that support this supplemental award. Also, please provide an itemized budget with narrative justification for non-federal funds.

D. Program Requirements

In conducting activities to achieve the purpose of this competitive supplemental award, the applicant shall be responsible for the activities under 1. (Recipient Activities), and CDC shall be responsible for conducting activities under 2. (CDC Activities) section:

1. Recipient Activities:

- a. Create a project team which includes a project coordinator, strategic planning facilitator, data analyst and/or epidemiologist, and evaluator. Ideally, the project coordinator and data analyst/epidemiologist will be on staff at the State Health Department. The services of the strategic/implementation plan facilitator and evaluator may be contracted out. (Note: The services of an experienced facilitator familiar with the principles of participatory planning are critical to a successful planning process.)
- b. Establish a diverse and inclusive workgroup for the purpose of engaging in a strategic and implementation planning process to identify and eliminate tobacco-related disparities in the state or territory. The workgroup should reflect the diversity of the State, i.e. tribal/urban American Indians/Alaskan Natives, racial and ethnic communities, low socio-economic status, gay, lesbian, bi-sexual and transgender community, immigrant populations, and urban and rural communities, etc.
- c. Attend and participate in three 3-day training workshops in Atlanta, GA. Participate in approximately 6-8 teleconferences/web conferences (in advance of and in-between trainings) designed to facilitate the accomplishment of the strategic planning and implementation process. Each training will have specific learning objectives and will require the completion of assignments and “report outs” from the project teams. The

following steps of the strategic planning and implementation process will be covered in the series of trainings:

Training One: (Required participants: project coordinator, planning facilitator, data analyst/epidemiologist, evaluator)

Step One: Getting Organized (Forming the diverse and inclusive strategic planning workgroup)

Step Two: Taking Stock (Conducting an environmental scan, including a SWOT analysis and population assessments; reviewing and assessing quantitative/qualitative data)

Step Three: Setting Direction (Identifying critical issues/developing goals and strategies for the strategic plan)

Training Two: (Required participants: project coordinator, facilitator, evaluator)

Step Four: Adopting and Refining the Strategic Plan

Step Five: Preparing for Action (Marketing the plan, developing action steps for the National Tobacco Control annual action plan, and developing evaluation activities.)

Training Three: (Required participants: project coordinator, facilitator, evaluator)

Step Six: Taking Action (the first steps in implementation progress toward objectives, roadblocks encountered, engaging partners in implementation.

*Note: Grantees will be required to attend **ALL** 3 training workshops.

- d. Lead the diverse statewide planning workgroup in the development of a strategic plan that accomplishes the following:
 - 1. Identifies and assesses tobacco-related disparities utilizing multiple indicators, i.e. prevalence, relapse rates, community-based capacity and infrastructure.
 - 2. Identifies and prioritizes critical issues related to the identification and elimination of tobacco-related disparities.
 - 3. Recommends goals and strategies for the elimination of identified disparities.
 - 4. Incorporates recommendations into an action plan, which could eventually be implemented through a variety of channels, i.e. National Tobacco Control Program, American Legacy Foundation, tobacco settlement funds, etc.
- e. Develop a Case Study outlining the steps of the strategic planning process, including challenges, successes, and lessons learned.

2. CDC Activities:

- a. Provide pre-training guidance via teleconference or web-conference on the development of a diverse and inclusive strategic planning workgroup

- b. Conduct three 3-day training workshops with appropriate learning objectives and assignments to assist grantees in the development of their respective strategic plans and implementation process to address tobacco-related disparities (see topics of trainings under 1.c of Recipient Activities).
- c. Provide additional technical assistance through teleconferences/web conferences designed to supplement the training, as well as guidance from the grantees' respective project officers, the training facilitators and presenters, and other state disparities project coordinators who completed the first round of trainings in 2002.
- d. Technical assistance and guidance in the structure and development of the Case Study to be created by each grantee.

E. Application Content

Application

The applicant will use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content.

The application will be evaluated on the criteria listed, so it is important that all of the criteria be fully addressed. The narrative should be no longer than fifteen (15) double-spaced pages, printed on one side, with one-inch margins and unreduced 12 point font.

States may request funds for the following:

1. A percentage of staff time for the project team members and other related project activities.
2. Contracts for facilitators, evaluators and/or other technical advisors to conduct and/or evaluate the strategic planning process
3. Travel to attend workshops provided by OSH
4. Travel and/or incentives for statewide planning workgroup participants to state meetings and/or workshops provided by OSH
5. Travel to bring in technical assistance experts from the National Networks
6. Distribution of strategic plan and action plan
7. Strategies/activities that will be implemented

F. Evaluation Criteria (100 points)

Application:

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Background and Need (25 percent)

Provide background on activities that the State and/or region have conducted in the area of identifying and eliminating tobacco-related disparities (Goal 4 of the National Tobacco Control Program). Include challenges and barriers experienced by the tobacco control program in addressing Goal 4, as well as successful outcomes. Provide a description of how the funds received through this supplemental will enhance the State's efforts in addressing disparities. Include information on available data, as well as gaps in data.

2. Organizational Capacity and Commitment (35 percent)

Demonstrate the organizational capacity and commitment to supporting and participating in a rigorous strategic planning and basic implementation process which includes 1) develop a project team consisting of a project coordinator, strategic planning facilitator, epidemiologist, and evaluator; 2) create a diverse and inclusive planning workgroup and orienting the members to issues specific to tobacco-related disparities; 3) conduct a strategic planning process using the principles of participatory planning; 4) produce a strategic plan to identify and eliminate tobacco-related disparities; and 5) develop an action plan based on the strategic plan; 6) Begin implementation of the plan and 7) complete a Case Study of the strategic planning and implementation process. Include the identification of staff and other entities having the responsibility and authority to carry out the activities required for the accomplishment of the project activities.

3. Sustainability and Collaboration (30 percent)

Provide evidence of sustainability for the strategic planning process and implementation of the strategic plan. Indicators of sustainability may include: experience of staff and/or potential contractors in addressing tobacco-related disparities; evidence of established relationships with diverse community groups; collaboration with National, State (i.e. Office of Minority Health) and local organizations that address tobacco-related disparities as part of their mission; potential strategies for marketing the strategic plan; potential funding sources for implementation of the strategic plan; and evidence of an ability to link resources with tobacco control networks.

4. Evaluation (10 percent)

Provide a description of the strengths and weaknesses of the State's capacity to evaluate the strategic planning process. Provide a statement of commitment to creating a Case Study to outline the planning process. (Technical assistance on specific evaluation components will be provided at the training workshops for grantees.)

5. Budget (reviewed, but not scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

G. Submission and Deadline

Application:

Submit the original and two copies of the application on or before **February 25, 2005**. Applications should be submitted to Lucy Picciolo, Acting Grants Management Officer, Centers for Disease Control and Prevention, Procurement and Grants Office, Room 3000, 2920 Brandywine Road, Atlanta, GA 30341-4146.

Deadline: Applications shall be considered as meeting the deadline if they are:

- a) Received on or before the deadline date; or
- b) Sent on or before the deadline date. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from:

Lucy Picciolo, Grants Management Specialist
Program Announcement 03022 – Disparities Training
Grants Management Branch, Procurement and Grants Office
Centers for Disease Control and Prevention
Room 3000, 2920 Brandywine Road
Atlanta, GA 30341-4146
Telephone number: (770) 488-2683
Email address: lip6@cdc.gov

For program technical assistance, contact:

Debra Torres, Project Officer

Office on Smoking and Health, Program Services Branch

4770 Buford Hwy, NE, MS K-50

Atlanta, GA 30341-3717

Telephone Number: 770-488-1097

Email address: djt4@cdc.gov

H. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301 (a) and 317 (k) (2) of the Public Health Service Act, [42 U.S.C. section 241 (a) and 274b (k) (2), as amended]. The Catalog of Federal Domestic Assistance number is 93.283.

I. Where to Obtain Additional Information

Appendix D
Additional Information for Applicants Regarding Component 2

**State Nutrition and Physical Activity Programs
to Prevent Obesity and Other Chronic Diseases**

LIST OF APPLICATION COMPONENTS

To apply for **continuation of your current status** as a capacity building or basic implementation program include in your application:

1. Reporting Progress Toward Program Objectives – interim progress report covering July – December 2004 activities
2. Proposed Program Objectives and Activities – work plan for July 2005 – June 2006
3. Budget and justification for July 2005 – June 2006

For current capacity building states requesting an **increase to become a basic implementation program** include in your application:

1. Reporting Progress Toward Program Objectives - interim progress report covering July – December 2004 activities
2. Evidence of Meeting Capacity Building Performance Measures – explanation of how your state has met these measures
3. Proposed Program Objectives and Activities - basic implementation work plan for July 2005 – June 2006
4. Basic implementation budget and justification for July 2005 – June 2006
5. Proposed Program Objectives and Activities - capacity building work plan for July 2005 – June 2006
6. Capacity building budget and justification for July 2005 – June 2006

Details on application components are given below.

1. For all currently funded states

Reporting Progress Toward Program Objectives – interim progress report

Your application must include an interim report describing your progress toward program objectives. By January 2005, the Division of Nutrition and Physical Activity will have a web-based set of program evaluation questions for states to complete, print out, and use as the interim report. We will send instructions for use of the system at that time.

2. For states continuing their current status (capacity building or basic implementation)

For your proposed program objectives and activities, please use the same format you used in your July 2004-June 2005 work plan.

For your proposed line item budget justification, please use the same format you used in your July 2004-June 2005 budget.

3. For states requesting increased funding at the Basic Implementation level

Applicants wishing to compete for the next funding level must meet the capacity building performance measures listed below as well as meeting all the infrastructure and program requirements including:

- A minimum of three full time staff in place, including the program coordinator, nutrition coordinator, and physical activity coordinator that meet the educational requirements as stated in the RFA
- A completed comprehensive state plan for nutrition and physical activity to reduce obesity and other chronic diseases that involved key stakeholders in the planning process
- A nutrition and physical activity intervention in the field for the purpose of obesity prevention and control that is currently being evaluated and which the state and project officer/program lead agree upon as the program's intervention.

Evidence of Meeting Capacity Building Performance Measures

In a separate section of the application, states must address how they have met the following performance measures as stated in the 03022 program announcement (a table may be helpful for displaying this information):

1. Evidence of state conducting strategic planning activities to develop a comprehensive state nutrition and physical activity plan to prevent and control obesity and other chronic diseases. (Application requirement: submit the state plan and program evaluation plan)
2. Evidence that the state plan promotes coordination of activities to prevent and control obesity and other chronic diseases across all relevant State and community programs in which relevant partners are identified in substantive roles. (Application requirement: describe the coordination of activities across programs as a result of the state planning process or the implementation of the state plan – or refer to the information provided in the interim progress report)
3. Evidence of at least one community that implemented a local nutrition and physical activity plan for the prevention and control of obesity and other chronic diseases. (Application requirement: describe how community(s) have implemented a nutrition and physical activity plan as a result of program efforts – or refer to the information provided in the interim progress report)
4. Evidence of evaluation outcomes/impacts of at least one intervention nutrition and physical activity strategies to prevent or control obesity and other chronic diseases. (Application requirement: describe the intervention currently in the field and any evaluation results if available – or refer to the information provided in the interim progress report)
5. Evidence of state and/or community nutrition and physical activity policies, environmental supports, and/or legislative actions that were initiated, modified, or planned for the prevention or control of obesity and other chronic diseases. (Application requirement: list policies, environmental supports, and/or legislative actions that took place as a result of program efforts or refer to the information provided in the interim progress report)

Proposed Basic Implementation Program Objectives and Activities

For the Basic Implementation work plan, please use the following work plan components taken from the application content that was stated in the 03022 program announcement.

Program Work Plan

Provide a work plan that includes the following information:

a. Key Goal(s) and Objectives

Four-year project period impact objectives and one-year budget period process objectives that are specific, measurable, achievable, relevant, and time-framed to help achieve the goal(s) of the program as outlined in the “Recipient Activities” of Component 2 in the 03022 program announcement.

b. Program Work Plan Methods

Provide a detailed description of the State's plan for conducting all program activities as outlined in the “Recipient Activities” of the 03022 program announcement, including methods for achieving each of the proposed objectives, time-lines for all activities, responsible parties, and methods for monitoring progress. Describe the mechanism to regularly review, evaluate, and update the State plan to meet evolving needs.

Criteria that will be used for ranking applicants for the higher funding level

If more states apply for the basic implementation level than new funding can cover, the following point distribution (based on the 03022 program announcement) will be used to evaluate applications on basic implementation program goals, objectives, and work plan methods for those states that meet the capacity building performance measures:

Work Plan

- a. Expand the existing coordinated nutrition and physical activity program infrastructure. (10 points)
- b. Implement the state comprehensive plan for nutrition and physical activity and review and update the plan periodically. Develop mini-grants and other mechanisms to support communities to adopt effective interventions. (20 points)
- c. Identify, assess, or develop data sources to further define and monitor the burden of obesity. (12 points)
- d. Expand partnerships with state health department units, the state education agency, other State agencies, local communities, and private partners to maximize the impact of the comprehensive program (6 points)
- e. Collaborate with partners on secondary prevention strategies. (6 points)
- f. Develop and evaluate a new or apply and evaluate an existing intervention to prevent obesity and other chronic diseases. (20 points)
- g. Evaluate progress and impact of the state plan and intervention projects. (20 points)
- h. Develop resources and training materials to help other state and local projects to adopt successful programs. (6 points)

Appendix E

ADDITIONAL INFORMATION FOR ARTHRITIS GRANTEE REGARDING COMPONENT - 5

STATE-BASED ARTHRITIS PREVENTION AND CONTROL PROGRAMS

Highlights: This section should summarize program accomplishments and progress made in meeting program goals and objectives that relate to the requirements of Program Announcement 03022—Component 5 - Arthritis. Your description should also include major changes (personnel, goals and objectives, and organizational structure), challenges/barriers to program implementation, and any program successes.

a. Current Progress Toward Program Objectives (Interim Report):

For each of the specific program component areas (Staffing and Management, Partnerships/Linkages, Surveillance, Interventions), please list related goals and objectives covering June – December 2004 activities.

- For each objective:
 - Identify the current status (Met, Ongoing, or Unmet).
 - Provide a brief description of the progress toward accomplishment, including any barriers encountered, and how the barriers were (or are being) addressed.
 - Include the reasons for any objectives not met, and a discussion of any assistance needed to resolve the situation.
 - Briefly discuss the progress toward meeting the standards as outlined by the progress indicators and/or performance measures for PA 03022. Refer to the original Program announcement 03022, Component 5 - Arthritis.

Partnerships/linkages: Briefly describe the role of advisory groups, partnerships, or coalitions in the development and implementation of arthritis activities within the State Plan for Arthritis. Provide details on the status of your coalition, partnerships, and work groups (internal and external). Identify who is represented, and what role the coalition has had in the subsequent implementation of your State Plan.

Surveillance: Provide a summary of current state-based arthritis surveillance activities including data available to be analyzed and the usefulness to the program. If you plan to use modules of the 2005 Behavior Risk Factor Surveillance Survey (BRFSS), please identify which modules/questions will be used. Describe the status of your State of Arthritis Report and the data sources used to develop your Report. Please include a description of how your State of Arthritis Report will be utilized in relationship to the implementation of your State Plan priorities, as well as programmatic goals, and objectives.

Interventions: Provide a summary of current intervention activities, and the rationale for selecting the intervention(s). Describe the target population(s), as well as the implementation and evaluation strategies for the current intervention(s).

b. Current Budget Period Financial Progress:

Provide an estimate of the overall obligations for the current budget period. Please refer to the above guidance document for additional information.

c. Proposed Program Objectives and Activities (Continuation Application):

Provide a work plan that includes objectives, methods, evaluation plans, and a time-line for each for the program component areas (staffing, partnerships, surveillance, and interventions) covering June 2005 – June 2006. It should include any proposed changes in goals and objectives from the previous year, as well as new goals and objectives proposed for FY 2005. Please include any updated goals and objectives for intervention projects. Please indicate the target population, completion date, and the person/organization assuming the lead role for the activity(s).

- **Objectives** should be *S.M.A.R.T.* i.e. Specific, Measurable, Achievable, Realistic, and Time-Based. They should describe what is to happen, by when, by whom, and to what degree.
 - Specific - Be precise about what you are going to achieve, describe a target and intended outcome. Avoid vague terms such as "know" or "understand"
 - Measurable - Quantify your objectives...Have a baseline to measure change
Example: Increase the number of ASHC instructors by 25%, from X to XX...
 - Achievable - Are you attempting too much with the resources you have available? Do you need to focus on one or two activities?
 - Realistic - Do you have the resources to make the objective happen (personnel, money, machines, and materials)?
 - Time-Based - State when you will achieve the objective. Provide a time frame when the objectives will be met...Example: By 10/1/05, X% of the counties will...
- **Methods** should describe the plan for achieving each of the objectives identified, including a description of how partners will be involved
- **Evaluation** plans should include a description of how progress toward attainment of the objectives will be monitored and who will be responsible for evaluation.
- **A time-line** with milestones for all objectives at a minimum should identify related activities, start and completion dates, and the name of person(s) responsible for implementation.

The following component areas should be addressed in your continuation application:

Staffing and Management: For any new or proposed staff, describe how proposed or existing staff has the relevant background, qualifications, and public health experience, also describe key areas of responsibility. Include a description of their role in promoting an arthritis program within the State, their specific responsibilities, their role in coordinating activities between relevant programs within the State, how the organizational structure will support the staff's ability to conduct proposed activities, and the level of effort and time to be devoted to the arthritis program. Job descriptions, resumes if available, and an organizational chart should be included.

Partnerships/linkages: Describe plans for the continuation and/or expansion of partnerships. Identify who is represented, and what role the coalition or advisory group will play in the revision and implementation of your State Plan.

Surveillance: Describe plans to monitor the burden of arthritis within the State using BRFSS data and include plans for the development and dissemination of a State of Arthritis Report. Indicate whether or not you will administer any BRFSS Modules in FY 2005-06. Also identify any new surveillance data systems or efforts you will use/implement during this proposed budget period. Describe how you plan to utilize your surveillance data. Please include a description of the status, a time line for the completion or revision of your State of Arthritis Report. Identify how it will be used to accomplish state arthritis activities. Surveillance activities should include methods of measuring the reach, availability, and impact evidenced-based arthritis self-management programs/interventions to be implemented.

- ▶ Measuring reach and impact includes, but is not limited to, establishing mechanisms to determine annual availability and delivery of evidenced-based self-management programs such as ASHC, PACE, and Arthritis Foundation Aquatics programs. Methods of measuring reach, availability, and impact include the:
 - number of certified master / national Trainers
 - number of certified Trainers
 - number of certified leaders
 - number of participants
 - number of program completers
 - number of venues or program locations and their geographic
 - number of intervention programs held
 - program impact on participant

Interventions: Applicants should describe the process to be used to select the interventions to be implemented. For interventions already underway, please describe any proposed changes or refinements in intervention goals and objectives from the previous year. If developing or implementing a new intervention or interventions, please describe the target population(s), rationale for selection, and evaluation strategy. You should implement interventions in one or both of the

following areas: (1) Evidence-based Self-Management programs (educational or physical activity) or (2) Health Communications Campaigns.

- ▶ State programs may choose to implement and evaluate physical activity or self-management education interventions other than ASHC, Aquatics and PACE, that may be beneficial and effective in reducing arthritis related pain and disability and improving the quality of life among persons with arthritis. However, prior to implementation of any non-evidence based interventions, states must describe the process to be used to select the interventions, as well as provide a plan for development, implementation and evaluation. This plan should include a description of the program, demonstration of need, target audience, expected program outcomes, implementation strategies, the role of partners and consultants in implementing and evaluating the program, and the evaluation plan. The evaluation should describe how impact will be measured, domains of interest, proposed data collection tools, and how data will be collected and analyzed. A time-line should be included.
- ▶ Please refer to Program Announcement 03022 for a detailed description of these intervention areas.

NOTE: Any activities/strategies developed should be targeted to people affected by arthritis.

- All funded States are expected to adhere to the most current surveillance, intervention, and health communication recommendations.
- Programmatic Goals and Objectives should be consistent with the “Public Health Framework for Arthritis” and the Surveillance Recommendations developed jointly with State Arthritis Program staff.
- **Please describe and justify any deviation from these recommendations.**
- **Primary prevention and physician education related activities will not be considered for funding.**

- d. **Detailed Line-Item Budget and Justification:** Provide a detailed, line-item budget (include Form 424A) and justification of the funding amount requested for each component to support proposed program activities for the upcoming budget period. It is requested that grantees submit a budget that is reflective of a 12-month budget period. Please refer to the above guidance document for additional information.